



Additions

Project Address:	
Applicant is: ☐ Property Owner ☐ Contractor ☐ Architect	☐ Engineer ☐ Other
Applicant	E-mail
Address	Day Phone #
Contractor	E-mail
Address	Day Phone #
May we email your building permit? Yes No	
Addition - □front / □rear / □side □ 1 st story	sq ft
□ no basement □ unfinished basement sq ft	t
Describe work:	
Attachments: Site Drawing Building/Construction Plain Permit (if required)	ans □ Energy Code Review (REM/Rate-RESCheck)
Setbacks (actual): Front Left Side	Right Side Rear
Plumbing Contractor:	
Electrical Contractor:	
Mechanical Contractor:	
(for office use only):	
Legal Description:	Zoning:
Easements	
undersigned warrants that he/she has reviewed and is familiar with the provisior Municipal Code of the City and all applicable zoning standards and will defend, in liability, from any claim or cause of action which any person may have or claim to comply with the terms and provision thereof. I hereby certify that I have read an true and correct. All provisions of laws and ordinances governing this type of wo	demnify, protect and save harmless the City and its employees from any and all to have by reason of any actual or alleged failure on the part of the undersigned to all examined this application and its attachments and know the same to be complete, or k will be complied with whether specified herein or not. I agree to adhere to the ff and will provide notification of any change prior to construction. The granting of a
Signature of Applicant	Date
Printed Name:	
PLEASE ALLOW A MINIMUM OF 5 WORKING DAYS FO	OR PERMIT APPLICATION REVIEW
Date received Permit Fee	Office Use Only
Approval Notification Data Valuation \$	

Site Drawing:

Address:			

Sketch diagram indicating:

- ✓ Existing structures
- ✓ North arrow
- ✓ Dimensions of any additions or accessory structure
 - o Width
 - Length
 - Height
- ✓ Distance from property lines for any addition or accessory structure
- ✓ Fasements
- ✓ Water Meter Location
- ✓ Electrical Service Location (specify overhead or underground)

